

SPOUSE'S AFFIDAVIT OF FINANCIAL INFORMATION

YOU HAVE A DIVORCE OR LEGAL SEPARATION CASE. YOU ARE ASKING FOR TEMPORARY SPOUSAL MAINTENANCE (ALIMONY) AND/OR ATTORNEY'S FEES OR SOME OTHER MONEY AWARD.

YOU MUST USE THIS FORM SO THE JUDGE KNOWS BOTH PARTIES' FINANCIAL SITUATION.

IF YOU ARE REQUESTING TEMPORARY CHILD SUPPORT, USE THE PARENT'S WORKSHEET FOR CHILD SUPPORT AMOUNT CONTAINED IN THE PACKET, *ARIZONA CHILD SUPPORT WORKSHEET, GUIDELINES, AND INSTRUCTIONS*.

INSTRUCTIONS

If you are filing for a divorce or legal separation, or have such a case pending, you may also be requesting spousal maintenance (alimony) or that the other side pay for your attorney's fees. In that case, this form (or something like it) must be used so that the judge can determine the financial resources of both sides.

First, make a blank copy of the Affidavit of Financial Information. Fill out the original document with all information requested. Sign it in front of a notary public. You must file the original document in your divorce or legal separation case with the Clerk of the Superior Court, 100 E. Birch Ave., Flagstaff, Arizona 86001. Like all documents you file, you must provide a copy of your newly filed Affidavit to your spouse and provide the Clerk's Office a "judge's copy".

You must also provide your spouse with a blank copy of the Affidavit for your spouse to use. You may wish to serve these documents with your original papers (Petition for Dissolution of Marriage, Petition for Temporary Orders, etc.). Again, don't forget to include a blank Affidavit of Financial Information for your spouse.

Name:

Address:

Phone:

- -

Petitioner Respondent (check one)

Representing Self

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF COCONINO**

In re the Marriage of

Case Number: DR

Petitioner

**AFFIDAVIT OF FINANCIAL
INFORMATION [DOMESTIC RELATIONS]**

Respondent

Husband Wife

STATE OF ARIZONA)

County of Coconino) ss

I have read the following and know of my own knowledge that the facts and financial information stated herein are true and correct and that any false information given may constitute perjury. I also understand that the failure to provide required information or the giving of misinformation may result in sanctions including assessment of fees or fines under Rule 11, *Arizona Rules of Civil Procedure*.

Affiant (Your name)

The foregoing instrument was sworn to before me this date: _____
by

My Commission Expires: _____

Notary Public

Put Yes, No, or N/A as appropriate.

1. All sources of income are listed.
2. Copies of my two most recent pay stubs are attached.
3. Copies of my Federal income tax return, W-2 and 1099 forms for the last three years, covering all income sources, are attached. Tax form numbers are identified.
4. Section No. 9 is completed if self-employed or employed by or through a corporation, partnership, joint venture, or sole proprietorship.
5. Copies of all partnership and/or corporate returns are attached. Attachments should not be filed with the Court, but exchanged between parties.

NOTE: If the spaces provided are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! Each and every blank must be completed. If you don't know the answer or are guessing, please state so; if the question does not apply, write **AN/A@** to indicate you have read the question. Round all amounts to the nearest dollar.

1. PERSONAL INFORMATION

- A. Name:
- B. Current address:
- C. My social security number:
- D. My date of birth:
- E. Other party's SSN:
- F. Other party's DOB:
- G. Date of marriage:
- H. Full names of minor children common to the parties, and their birth dates and Social Security Numbers:
- | Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|
|------|---------------|------------------------|
- I. The name, birthdate, relationship, and gross monthly income of each individual who lives in your household:

2. EMPLOYMENT INFORMATION

- A. Job/Occupation/Profession:
Title:
Employer's name and address:
Type of business:
Date employment began:
Pay dates: Weekly Bi-Weekly Monthly
Other -- Explain: Pay rate: \$
- B. If not working, why not?
- C. Previous employer's name:
Previous employer's address:
Previous Job/Occupation/Profession:
Previous job title:
Date previous job began:
Date job ended:
Gross monthly pay at previous job: \$
- D. Your total gross income from the last three years' tax returns (attach a copy of pages 1 and 2 of your federal income tax return for these years):
- | | | | |
|------|----|------|----|
| Year | \$ | Year | \$ |
| Year | \$ | Year | \$ |
- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income):
\$ (other than disability and spousal maintenance).

3. EDUCATION/TRAINING

List institution, length of time there, year of last attendance and degree earned:

- A. High school:
B. College:
C. Post-Graduate:
D. Occupational training:

4. ATTORNEY'S FEES

- A. Amount paid: \$
B. Source of Payment:
C. Amount owed: \$

5. GIFTS

List any gifts or transfers of money or property having a value exceeding \$500.00 to any persons other than your spouse during the past six months. List the persons and the value of the gifts or transfers:

6. LIQUID ASSETS

A.	Cash (including uncashed checks)	\$
B.	Traveler's checks	\$
C.	Cash in financial institutions.....	\$
D.	Stocks, bonds, securities.....	\$
E.	Insurance policy cash surrender value	\$
F.	Severance pay	\$
G.	Accumulated/Unused vacation pay	\$
H.	Lottery winnings.....	\$
I.	Funds owed to you by others	\$
J.	Funds held for you by others	\$
K.	Inheritance or trust funds	\$
L.	Unpaid bonus	\$
M.	Other.....	\$

7. GROSS MONTHLY INCOME

INSTRUCTIONS: List below ALL income you receive from ANY source, whether private or public, taxable or not, including but not limited to what is listed below. Mark each space with the correct amount or with a "0" if none. List all income payable to you individually or payable jointly to you and your spouse. Multiply weekly income and deductions by 4.3 and bi-weekly income by 2.15 to arrive at the total amount for the month.

A.	Gross salary/wages (attach copies of your two most recent pay stubs).....	\$
B.	Expenses paid by your employer:	
1.	Automobile	\$
2.	Automobile expenses (gas, repairs, insurance)	\$
3.	Lodging.....	\$
4.	Other -- Explain:	\$
C.	Commissions	\$
D.	Tips.....	\$
E.	Bonuses.....	\$
F.	Dividends	\$
G.	Pensions	\$
H.	Interest	\$

- H. Gross sales/revenue last 12 months: \$
- I. Necessary and ordinary business expenses (last 12 months): \$
- J. Your annual salary/compensation: \$
- K. Your dividends or other profit distribution (last 12 months): \$
- L. Annual bonus if not included above: \$
- M. Annual value of perquisites: \$
- Specify perquisites:
1. Do you use a company car for personal business?
Yes No Monthly Value: \$
 2. Does the company pay your gas/oil/maintenance charge?
Yes No Monthly Value: \$
 3. Does the company pay your dues to any club or organization?
Yes No Monthly Value: \$
 4. Does the company own a home, residence, townhouse, or condo that may be available for your use?
Yes No Monthly Value: \$
 5. Did the company have net earnings last fiscal year that were not distributed to owners or shareholders of the business?
Yes No If so, what was the total: \$
 6. Monthly premium for life insurance paid for your benefit \$
 7. Annual travel expense (including lodging, travel, meals, etc.) for business promotion, education, professional development, etc.: \$

10. MONTHLY EXPENSES

INSTRUCTIONS: Do NOT list any expenses for your spouse or for children residing with your spouse unless you are paying those expenses. Use monthly averages for items that vary from month to month. Please use an asterisk to indicate any anticipated expenses.

Shelter:

Rent (lot)	\$
House payment (mobile home)	\$
Repair and upkeep	\$
Housekeeper	\$
Yardwork	\$
Pool and exterminator	\$
Insurance and tax not included in house payment	\$
Other -- Specify:	\$
Total	\$

Utilities:

Water, sewer, garbage	\$
Electricity	\$
Gas	\$

Telephone.....	\$
Other -- Specify:	\$
Cable TV	\$
Total.....	\$

Food and Household Supplies:	\$
School lunches/meals outside home	\$
Total.....	\$

Clothing:	
Self.....	\$
Children residing with you	\$
Laundry and cleaning	\$
Total.....	\$

Medical Care:	
Self: Net after insurance reimbursement:	
Doctor.....	\$
Dentist.....	\$
Drugs and medical supplies	\$
Children: Net after insurance reimbursement:	
Doctor.....	\$
Dentist.....	\$
Drugs and medical supplies	\$
Health insurance premiums for you	\$
Health insurance premiums for children.....	\$
Total.....	\$

Transportation:	
Car payment.....	\$
Car repair and maintenance.....	\$
Car insurance.....	\$
Gas and oil	\$
Bus fare/Parking	\$
Other -- Specify:	\$
(Special trans. bus, taxi)	
Total.....	\$

Miscellaneous:	
Child support/Spousal maintenance paid to others.....	\$
Babysitter	\$
School and school supplies.....	\$
Church/Contributions	\$

Newspaper, magazines, books..... \$
 Barber and beauty shop..... \$
 Pets..... \$
 Life insurance..... \$
 Recreation/Entertainment..... \$
 Children's allowance \$
 Union/Professional dues..... \$
 Voluntary retirement contributions \$
 Voluntary saving deductions \$
 Family gifts \$
 Other -- Specify: \$
Total..... \$

Other Monthly Payments \$
 (Listed Under No. 11, Outstanding Debts and Accounts)

Total Monthly Expenses \$

11. OUTSTANDING DEBTS AND ACCOUNTS

Name and Address of Creditor	Item or Purchase	Unpaid Balance	Minimum Monthly Payment	Date of Last Payment	Who Made Payment: Wife or Husband
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
TOTAL		\$	\$		